

COUNTY OF FAIRFAX  
DEPARTMENT OF RECREATION & COMMUNITY SERVICES

Please Print

ACCIDENT REPORT (Not a Claim Form)

Recreation Center \_\_\_\_\_ Date of Accident \_\_\_\_\_

Full name of injured person \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Telephone number \_\_\_\_\_ Sex \_\_\_\_\_ Time of accident \_\_\_\_\_

Accident reported by \_\_\_\_\_ to \_\_\_\_\_

(Person and/or organization)

Date \_\_\_\_\_ Time \_\_\_\_\_ Check: In person \_\_\_\_\_ By phone \_\_\_\_\_

Injured person was treated by \_\_\_\_\_ and/or taken

to \_\_\_\_\_ by \_\_\_\_\_

(Address of hospital, doctor, home, etc.)

(Person and/or organization)

Name of insurance co. \_\_\_\_\_ Notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Policy No. \_\_\_\_\_

Describe in detail the extent of the injuries \_\_\_\_\_

Explain fully what care was given and what procedure was followed \_\_\_\_\_

Describe where and how the accident occurred \_\_\_\_\_

Name of person supervising activity \_\_\_\_\_ Position \_\_\_\_\_

Witnesses:

Name

Address

Phone No.

THIS REPORT IS TO BE FILED WITH THE RECREATION DEPARTMENT IMMEDIATELY ON THE DAY OF THE ACCIDENT.

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Recreation Director)